

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BU	71534	02/19/99
O.I.P.E. CLASSIFIER		59	222
FORMALITY REVIEW	CM	71632	2/25/99

71632

4/14/99

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/22/99
2	✓	✓	2/22/99
3	✓	✓	2/22/99
4	✓	✓	2/22/99
5	✓	✓	2/22/99
6	✓	✓	2/22/99
7	✓	✓	2/22/99
8	✓	✓	2/22/99
9	✓	✓	2/22/99
10	✓	✓	2/22/99
11	✓	✓	2/22/99
12	✓	✓	2/22/99
13	✓	✓	2/22/99
14	✓	✓	2/22/99
15	✓	✓	2/22/99
16	✓	✓	2/22/99
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If more than 150 claims or 10 actions  
 staple additional sheet here

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